

## How To File a Limited Purpose Health Care FSA Claim

To complete a Limited Purpose Health Care reimbursement request (a claim), you must submit a *Limited Purpose Health Care FSA Claim Form* along with the receipts that clearly show an eligible expense was incurred. To complete a reimbursement request, you should:

1. Complete a Limited Purpose Health Care FSA Claim Form
2. Attach itemized documentation
3. Submit the form and documentation to ADP



The Claim Form must be completed entirely, dated and signed. The supporting receipts or billing statements must state the vendor name, vendor contact information, purchase date, a description of the expense and the expense amount. An Explanation of Benefits (EOB) from insurance providers can also be used as supporting documentation for your claim. A credit card receipt or canceled check is not adequate documentation. Credit card receipts often do not list the individual items purchased along with a description of the item. This is why you must save your purchase receipts, bills, itemized statements or EOB. Limited Purpose Health Care claims cannot be processed for payment without proper supporting documentation.

You may submit up to four (4) purchases on a single *Limited Purpose Health FSA Care Claim Form*, using a separate line for each purchase. Please fax (fastest process) OR mail the documents, but please **DO NOT DO BOTH**. Be sure to keep a copy of your claim.

**Place the documents in this order: Limited Purpose Health Care FSA Claim Form first, then the supporting documentation. Please do not return the instruction pages with your form and receipts.**

**Fax to: 866-457-0208 (toll-free) or 678-893-8788**

OR

Mail to: ADP Claims Processing, P.O. Box 2848, Alpharetta, GA 30023-2848.

### Good Receipt

→ <b>ABC Eye Associates</b>	01-25-2001	←
<hr/>		
<b>(999) 555-1111</b>	<b>CUSTOMER RECEIPT</b>	
<hr/>		
→ Customer Name: <b>SARA SAMPLE</b>		
→ Frames: 1 Set	\$125.00	
→ Lenses: anti-glare, scratch proof	\$ 79.00	
	Subtotal: \$204.00	
	Tax: \$ 12.24	
	<b>TOTAL: \$216.24</b>	←
<hr/>		
ABC Eye Associates * 123 Maple Street * Somewhere * CT * 99999		

### Receipt Missing Information

<b>ABC EYE ASSOCIATES</b>	
123 MAPLE ST. SOMEWHERE, CT 99999	
<hr/>	
DATE: 01-25-2005	TIME: 08:15AM
ITEM: 0034 VIS SALE	
ACCT: XXXXXXXXXX30	
AUTH: 9999	
<hr/>	
<b>TOTAL:</b>	<b>\$ 54.34</b>
I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)	
X _____	

no description of items purchased

## Why Providing Documentation Is Important

The IRS has provided strict requirements stating that expenses reimbursed through a Flexible Spending Account must be substantiated using itemized receipts, bills, statements or Explanation of Benefits. All supporting documentation must reflect the vendor name, vendor contact information, date purchase/expense was incurred, a description of the expense and the expense amount. Limited Purpose Health Care FSA claims submitted without eligible documentation cannot be approved for payment, per IRS regulations. If your claim is declined for improper documentation, or if the expense is deemed as ineligible, you will be notified by ADP via U.S. Mail Service.

### Limited Purpose FSA vs. Traditional Health Care FSA

In many ways, the Limited Purpose FSA (LPFSA) and the traditional Health Care FSA function exactly the same. Both are designed to reimburse healthcare related expenses that are not covered under an employee's medical insurance plan or any other reimbursement plan. Both allow the employee to designate pre-tax funds to pay for these expenses and both are governed by IRS regulations. However, the Limited Purpose FSA works exactly as its name indicates: it is limited in the types of expenses that can be reimbursed.

Because the Limited Purpose FSA is typically used in conjunction with other types of reimbursement plans, the IRS restricts the types of expenses eligible for reimbursement. It is important to remember that the LPFSA only covers expenses directly related to dental, vision and preventive care. Expenses for teeth cleanings, oral exams, cancer screenings, vision exams, prescription glasses or contact lenses and their related supplies, and annual physicals, including diagnostics tests, are considered reimbursable under the LPFSA.

Although traditional medical care expenses are covered under the traditional Health Care FSA, these types of expenses are not eligible under the LPFSA. These include expenses such as allergy medications, diabetic testing supplies, insurance deductibles, pregnancy tests, wheelchairs or any other expense that is directly related to medical care.

For more information on the Limited Purpose FSA and the traditional Health Care FSA, as well as eligible and ineligible expense lists, please visit the Learning Center at [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

**NOTE:** The Limited Purpose FSA is most commonly utilized by employees who are enrolled in a high-deductible medical insurance plan and/or participate in a Health Savings Account (HSA) or Health Retirement Account (HRA). If you do not currently participate in these types of reimbursement plans, you may be better served using the traditional Health Care FSA. You may not be simultaneously enrolled in both an LPFSA and a traditional Health Care FSA – you must choose one or the other. For more information on the plans available through your employer and to determine which plans best meet your needs, please contact your benefit services department.

### Filing Multiple Expenses with the Same Service Date and Same Amounts

There may be times when you need to submit multiple expenses for the same amounts that were incurred on the same date. For example, you have two children who need cavities filled. Both children see the dentist on the same day and both children receive the same services with the same co-pay amounts. The ADP claims processing system automatically categorizes claims based on the service date and amount and then compares those dates and amounts to claims you have already submitted. By filing a separate claim form for each child, the claim that is received and processed second will be marked as a duplicate claim. When submitting multiple claims with identical service dates and amounts, you should submit these expenses on the same claim form whenever possible. If the claims are for eligible dependents, be sure to include the dependent name and date of birth where indicated. This will help prevent eligible expenses from being inadvertently marked as duplicate claims.

You will receive a notification when a claim is marked as a duplicate. In the event a claim is mistakenly considered a duplicate, please contact your Participant Solution Center to have the claim status corrected. You may review your claims online by logging into your account at [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

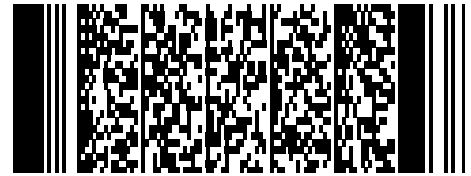
### Resubmitting a Limited Purpose Health Care Claim When Additional Information is Requested

On occasion, you may be asked to resubmit a claim because information you provided was insufficient. You may have neglected to provide required information such as an itemized receipt or perhaps you just forgot to sign the claim form. In the event you are asked to resubmit a claim, you must submit a new claim form with the requested information.

Depending on the situation, it may not be necessary to resubmit the entire claim. For example, if you filed a claim with four purchases and **only one purchase required additional information**, you would file a new claim for that one purchase with its supporting documentation. You should not resubmit the entire claim with all four purchases as this will result in duplicating the other three purchases and you would receive a letter indicating that these purchases had been duplicated. However, if you **forgot to include receipts** or if you **neglected to sign your claim form**, it would be necessary to resubmit the entire claim with all its supporting documentation.

For questions or additional information on resubmitting claims, please contact your Participant Solution Center or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).





# Limited Purpose Health Care FSA Claim Form

Use this form only if you paid for an eligible expense out-of-pocket and are requesting funds be reimbursed to you.

**This document and any attachments are intended solely for the use of the sender and ADP and may contain information that is privileged and confidential. If you are not the intended recipient or its authorized representative, you are hereby notified that dissemination of this information is strictly prohibited. If you received this information in error, notify the sender immediately and destroy this document and all supporting attachments.**

## Tips to Remember when submitting Limited Purpose Health Care FSA expenses.

1. **Include your 10-digit FlexID.** Locate your FlexID at [www.flexdirect.adp.com](http://www.flexdirect.adp.com) or by calling the Participant Solution Center at 1-800-654-6695.
  2. Sign, Date and Fax/Mail\* your Claim Form *without* a cover page or the instruction pages, followed by a copy of all documentation including itemized receipts, bill or statements, and/or Explanation of Benefits (EOB) showing date, provider, amount and type of service.  
**Note:** Many credit card receipts do not show type of service and are therefore insufficient. Claims without sufficient documentation or signatures are ineligible for reimbursement.
- \* If you are mailing your claim form, do not send the original document(s). Only send copies and retain the originals in your records.

## Employee Information

(PLEASE PRINT)

Name <small>(Please print name in ALL CAPITAL letters)</small>	Employer Name
Address	
City	State Zip
FlexID	<div style="border: 1px solid black; padding: 5px;"> <b>Instructions:</b> Please use blue or black ink and print like this → 0 1 2 3 4 5 6 7 8 9         </div>

## Expense Information

**Only dental, vision and preventive care expenses should be filed under this Limited Purpose plan.**

Start Date of Service			NOTE: Please report <u>only one</u> expense per block. Combining multiple expenses in one block may result in a delayed reimbursement.	Amount		
MONTH	DAY	YEAR		DOLLARS	CENTS	
			1 NAME OF PROVIDER			
			TYPE OF SERVICE			<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE
			SERVICE RECIPIENT NAME			
			2 NAME OF PROVIDER			
			TYPE OF SERVICE	<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE		
			SERVICE RECIPIENT NAME			
			3 NAME OF PROVIDER			
			TYPE OF SERVICE			<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE
			TYPE OF SERVICE	<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE		
			SERVICE RECIPIENT NAME			
			4 NAME OF PROVIDER			
			TYPE OF SERVICE			<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE
			TYPE OF SERVICE	<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE		
			SERVICE RECIPIENT NAME			
			5 NAME OF PROVIDER			
			TYPE OF SERVICE			<input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE

**To Expedite Processing Please Fax Your Claim To**  
 1- (866) 392-4090 (toll-free)  
 Or Mail to: ADP Claims Processing, P.O. Box 1853, Alpharetta, GA 30023-1853

**Total Expenses** → \$

## Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

SIGNATURE

DATE